


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90007 006 ****61.25

DOCUMENT # 721162					
1. Entity Name MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.					
Principal Place of Business 1 HOSPITAL DRIVE P.O. BOX 9010 STUART, FL 34995-9010 US		Mailing Address P.O. BOX 9010 P.O. BOX 9010 STUART, FL 34995-9010 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 23-7115443	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZABLOCKI, RITA M 300 HOSPITAL AVENUE P.O. BOX 9010 STUART, FL 34995			Name Nancy Goldthwaite		
			Street Address (P.O. Box Number is Not Acceptable) 1669 SW Dyer Pt. Rd.		
			City Palm City, FL 34990		
			State FL		
			Zip Code 34990		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Nancy Goldthwaite Nancy O Goldthwaite		7-24-07	
		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMKE, JOAN E		NAME	LEMKE, JOAN E.	
STREET ADDRESS	1007 KITCHENS COPE LN		STREET ADDRESS	1007 SE KITCHING COVE LANE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	PE	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT-ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, EVA A		NAME	KEMP, EVA A	
STREET ADDRESS	3381 DIAMOND HILL TERR		STREET ADDRESS	7940 HERITAGE BLVD	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	HOBE SOUND, FL 33455-	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABLOCKI, RITA M		NAME	LEMKE, JOAN E. GOLDTHWAITE, NANCY	
STREET ADDRESS	395 SE CARDINAL TRAIL		STREET ADDRESS	1669 SW DYER PT ROAD	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, STEPHEN N		NAME	LEMKE, JOAN E. BUSH, CLINTON	
STREET ADDRESS	3744 NW PINE OAK DR		STREET ADDRESS	4855 SW LOCH LANE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHARDT, ALICE		NAME	QUERARD, SHELLEY	
STREET ADDRESS	9304 SE HAWKS NEST CT		STREET ADDRESS	104 ABBIE COURT	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	SEWALLS POINT, FL 34996	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, BARBARA		NAME		
STREET ADDRESS	1951 SW YORK LN		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Nancy O Goldthwaite		Date: 7-24-07		EIT 3187 772-287-5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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07242007 Chg-NP CR2E037 (12/06)